

## **MFP Quality Work Group Meeting Minutes**

December 17, 2007

1:30 pm to 4:00 pm

West Central Human Service Center and polycom sites in Williston and Grand Forks

Documents Provided: HCBS Quality Review Work Sheet, Quality Strategy for MFP by Thomson, NH Quality Protocol, MFP Operational Protocol Addendum, and Florida Back-up plan

Attendees: Teresa Larsen, ND P &A  
Tess Frohlich-DHS-HCBS Waiver  
Pam Tyler-Medcenter One Living Center  
Deb Meuwissen- HCBS Case Manager Grand Forks County  
Kristein Hasbargen- Richland County Director  
Becky Roads- HCBS Case Manager, Williams County  
Vicci Pederson- DHS Developmental Disabilities  
Sue Foerster- Developmental Center  
Tammy Theurer- ND Association for Home Care  
Cheryl Wescott Wetsch- Vocational Rehabilitation  
Jake Reuter, MFP Grant Program Manager  
Mary Teske HCBS Case Manager, Cass  
Karen Tescher, DHS, LTC

Introductions were given from attendees on polycom, by phone, and in person.

Jake reviewed the meeting agenda.

Tess did a review of the Quality information currently in place for the HCBS waiver:

### **Level of Care Determination**

- HCBS pull files and check for level of care screening. They do a statistical average.
- Quarterly, Tess also checks the DDM website to see if screenings are actually in the system.
- Case managers are instructed when looking at files, they need to determine if individuals that are currently on SPED/EXSPED could qualify for the waiver.
- Level of Care must be done annually.
- DDM is developing a form for case managers to check on the Level of Care also.
- Further edit checks will be put into the new MMIS system to assure Level of Care is done and current.
- HCBS staff listens to the Case Managers. For instance, CM's had a problem with the way the screenings were being done. A meeting was set up to review the process and now changes are being implemented to correct the issue.

Suggestion by the group was that all MFP screenings should be checked on a quarterly basis.

- Decision by committee was that MFP applicants will need to do a screening immediately before leaving the facility. Case Managers should do quarterly contacts and 6 month visits. If the individual doesn't continue to meet level of care, could be switched to SPED/EXSPED.
- For the quality portion, will need to work with Joan Ehrhardt to write how the DDM contract is managed.

### **Service Plan**

HCBS data is not statistically relevant. MFP will need to review every case. HCBS reviews and audits the county. They look at assessments to see if reviewed or contacted as expected. They do ½ of reviews at the county on-site and ½ on SAMS.

- They look at comprehensive assessments for outcomes and goals. Must identify contingency plan. For each IADL and ADL, must list outcome.
- Audit is entered in database. They look at 341 waiver files out of 250. Should be doing 170 to be statistically relevant.
- Jake will have to add an attachment to the current assessment for the MFP candidates to capture all information required by MFP grant.
- Case Management reviews: Corrective Actions are defined and the appropriate method of follow-up will be reviewed. Follow-up will be expected in 30 days and at times extensions are granted.
- Auditors review the comprehensive assessments and assure that the services that are authorized are needed. If they are not, this will be addressed.
- Afford Choice: The individual that is found eligible for the waiver must sign an agreement that they have been given the rights brochure and that they have a choice of providers. This is reviewed at the counties or by a desk audit.
- Each county is audited annually on-site or a desk audit.
- For MFP, the group recommended doing the review quarterly. We would ask the same questions as with the HCBS waiver and see if same statistical response.

### **Qualified Provider:**

- Must reenroll every 2 years (QSP's) if agencies or individuals.
- Must send in competency evaluations. The nurse signs off on competencies. Some of the QSP duties are more of a challenge to show competency, i.e. snow shoveling

### **Case management:**

- If global or client specific endorsement, the QSP files are reviewed to see if the provider has the correct credentials. Marella audits the QSP's.
- How are QSP's chosen for review? Through information received from case managers and if unusual billing combinations are noted.

### **Health and Welfare:**

- Currently, staff goes out and does client interviews. They talk to 40 people (12 of them from the waiver)

- For future, may look at paper surveys sent out to make the amount statistically relevant.

### **Client Rights:**

- Need to assure that clients have information to contact case manager, Executive Director of DHS, and/or appeals supervisor if they have issues.
- Vulnerable Adults and all advocacy groups' information should be provided to individuals in MFP demonstration.
- Need to identify handling of abuse issues ASAP

### **Administrative Authority:**

- Each county has signed a Memorandum of Understanding and is reviewed in 5 years.
- MFP will have to have an MOU with the Centers for Independent Living.

### **Financial Accountability**

- There are approximately 1700 QSP's but right now about 75 are targeted for review to look at correct billing codes, appropriate service etc.
- Some things that have been done in HCBS to assure financial accountability are a letter sent to the QSP's, a new detailed turnaround document, and revised benchmarks.
- MFP project may have to partner with Marella to audit.
- We will consider working with the DHS research department to do statistical selection for review.

### **Review of Current DD Process**

- The DD waiver will be due for review by CMS on 3/09. CMS did a site visit and gave the DD staff information of possible concerns. The DD staff submitted their evidence response on 11/26 and will wait to hear from CMS in February.

### **Level of Care Determination**

- DD individuals have to meet ICF level of care. Staff put ICF level of care annually into MMIS
- DD Case Managers would do reviews.
- They can do all annually.
- Reviews are put into ASSIST. They can run the report to see how many are delayed.
- Can cross check in MMIS to see if screening is done.
- Do HSC licensure every 2 years, but could run them anytime.
- Need to separate out waiver from all other services.
- Will also have to target screenings for MFP separately.

- When using correct screening criteria, need to work with research to see if PAR indicates level of need.

### **Service Plan**

- Sample size will need to be stratified. Must list all services; amount or frequency.
- Jake may need access to ASSEST
- Many things in DD refer to infants and toddlers, this may not apply to MFP
- DD currently has a method to see if visits by case management are done and visits with guardians
- Quality enhancement report can tell if 90 day visits were done.
- There is a check to see if plan was reviewed and if it was adequate.

### **Choice**

- Lists all right on agreement. This can be viewed in ASSIST. Can also to the Human Service Centers to pull files to see if the agreement is signed. This area needs more work.

### **Providers Meet Licensure**

- All are DD providers-licensed annually.
- Background checks are required. If there is an offense on a provider's record, it is sent to the state office for determination of whether the provider can be approved depending on the charge.
- The provider is to report each time renewed if there are any convictions on his/her record.
- There is a court website that can be utilized to verify reporting by provider.
- There are policies and procedures for provider training.
- Minot State University gets annual report of which providers have completed their training.
- Mike Marum meets with the trainers on a quarterly basis.

### **Incident Reporting:**

- Determination guidelines are used to determine if it is a quality issue or an incident. First, it is reported to P & A, committee and state office.
- Checking into "deemed" status with CMS
- There is a database with all information on incidents.
- More work needs to be done on definition of an incident.
- P & A does training every 2 years with providers on abuse and neglect.
- Additional work will be done with the research department on reporting.

### **Health and Welfare:**

- This area will need to be enhanced. It is put in quality reviews.

### **Administrative Authority:**

- The Department is the single state agency and has oversight.

### **To Do:**

- Vicki and Jake will visit further on the evidence that was sent to CMS
- Potential meeting dates to discuss 3 additional agenda items
- Vicki may have information on risk assessments.
- Need to review the back-up plan for DD self directed waivers. This may help in the development of the 24 hour back up for the MFP grant.

### **24 hour backup**

- Florida has a 4 tier system in case someone doesn't show up for their shift.
- Arkansas is going to contract with a nurse hotline for their backup

### **Some comments by committee members:**

- Assistive technology will be very important for the MFP individuals transitioning to home.
- Should have a tiered 24 hour backup system
- Must have a phone number at the end of the day to call for 24 hour assistance.

### **Plan:**

- Tess and Jake will meet the first week in January to develop a draft for the quality committee. This will be sent out for review.
- Vickie will share the self directed abuse and neglect information for Tess and Jake
- Nursing facilities also have information on neglect and abuse for review.
- The committee will meet the 3<sup>rd</sup> week in January, Wednesday, January 16<sup>th</sup>, 2008 from 9 AM to 12 noon.
- Drafts for both DD and Nursing facilities will be available by that time.
- Committee should review drafts.
- Look at the 24 hour backup.
- Email any information for tiered services to Jake.